

Lien Sale

Declaration Of Opposition

Idaho Transportation Department
PO Box 7129
Boise ID 83707-1129



Important Notice! For this sale to be stopped, this form must be completed and returned within ten (10) days from the date on the notice of application for authorization to conduct a lien sale.

Vehicle and Lienholder Information

Date		Vehicle Identification Number		License Number		Licensing State		
Vehicle Year		Make		Body Type		Model		
Possessory Lienholder Name				Address				
City			State		Zip		Telephone Number	

Please stop the lien sale of this vehicle, because I wish to contest the claim of the lienholder. I understand the lienholder may file an action in court and if a judgment is given against me, I may be ordered to pay the court costs.

I certify under penalty of perjury that the following is true and correct.

Printed Name			Telephone Number	
Address		City		State
Signature		Date Signed		

The address at which I may be served or notified in person of any court action is:

Street Address		City		State
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